

Health Department, City of Baltimore.

Permit No. 99250 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15, 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Samuel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Easton Talbot Co. M^r

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Easton Talbot Co. M^r

Duration of Residence in the City of Baltimore, 1 mo

Place of Death, { Give Street and Number. } Nursery & Child Hospital

Cause of Death, { First (Primary), Second (Immediate), } Branchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Fountain Park

Date of Burial, April 15

Undertaker, B. W. Blizzard J. M. Hundley M. D.

Medical Attendant.

Place of Business, 1139 Pen Ave Address, 1002 Edmonson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99251 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 14. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 6 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1043 McDonogh St

Cause of Death, {First (Primary), Second (Immediate),} Convulsions

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, La. Alphonsius Cem.

Date of Burial, April 16th 1887

{ Undertaker, A. Pink & Son } A. L. Gage M. D. Medical Attendant.

{ Place of Business, 915 N. Gay St } Address, 1853 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99252 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Edward Gray

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Howard Court # 305

Cause of Death, { First (Primary), Second (Immediate), } Larump

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 15 1887

{ Undertaker, S. W. Chase } L. C. Spanow M. D. Medical Attendant

{ Place of Business, 641 Howard St } Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99253 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, April 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Harleton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 27 ~~3~~ Years, Months, Days

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co.

Duration of Residence in the City of Baltimore, Six years

Place of Death, { Give Street and Number. } 1609 Vincent st

Cause of Death, { First (Primary), Second (Immediate). } Consumption
Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, April 17 1887

Undertaker, B. W. Chase

Place of Business, 641 Howard Address, 2102 Madison Ave.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99257 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, April 14th 1887
 Full Name of Deceased, Otto. W. Berg { Write legibly and spell correctly. If an Infant not named, give names of parents. }
 Sex, Male { Cross out the word not required in this line. }
 Age, 66 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Stock Broker

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 31 years

Place of Death, 311 Greene St { Give Street and Number. }

Cause of Death, Typhoid Fever { First (Primary), Second (Immediate), }

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 17th April 1887

Undertaker, W. Jenkins

Place of Business, Park & Saratoga St Address, 345 Greene St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99253 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie M. Gilbert

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One Years, 2 Months, Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B.C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 2333 E. Fayette

Cause of Death, { First (Primary), Bronchial Pneumonia Second (Immediate), Asthma }

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 17/87

Undertaker, Chas. J. Scriver

Place of Business, 925 Madison Ave Address, 226 E. B. Ave

Medical Attendant, R. L. Martin M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99256

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death,

Apr 15, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James C. Murphy

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3

Years,

3

Months,

18

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give Street and Number.

1313 Hallin, es
Measles

Cause of Death,

First (Primary),

Second (Immediate),

Pneumonia (double)

One week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

Date of Burial,

Apr. 16 / 87

Undertaker,

J. B. Cook

Place of Business,

1003 W. Baltimore St. Address, 1701 Spring St

James Booley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99257*

Office of Registrar of Vital Statistics.

Ward *5*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, as requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

APR 15 1887

Date of Death,

April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louis Buesco

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, *22* Years,

Months,

Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Austria

Duration of Residence in the City of Baltimore,

4 months

Place of Death, { Give Street and Number. }

411 Little Mc Elroy St

Cause of Death, { First (Primary), Second (Immediate), }

*Internal injury
Peritonitis*

Duration of Last Sickness,

Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, *Fells Point Congregation*

Date of Burial, *April 17*

Undertaker, *Evans & Spencer*

Place of Business, *1000 E. Bath St*

Address

J. W. Shores M. D.

Medical Attendant.

Ever Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. *99258*.

Office of Registrar of Vital Statistics.

Ward

10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 15th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Berklin Taylor
Taylor

Sex, *Male* or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

Penn Alley # 672

Cause of Death,

{ First (Primary),
Second (Immediate), }

Mal nutrition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

April 15th

Undertaker,

Evans & Co

Place of Business,

1000 E Balto St

Address,

L. G. Sparrow

M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99259 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, and so on, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

APR 15 1887

Date of Death, Apr 14/87

Full Name of Deceased, Wesley Lang Blunk
{Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male
{Cross out the word not required in this line.}

Age, 74 Years, 3 Months, a Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Single
{Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, Bavaria Germany
{State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 40 years

Place of Death, 1164 Washington Ave.
{Give Street and Number.}

Cause of Death, Pneumonia
{First (Primary), Second (Immediate),}

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cem

Date of Burial, April 17th/87 A. S. Spicer M. D.

{ Undertaker, Th. J. Willson

Medical Attendant.

{ Place of Business, 746 Columbia Ave. 155 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]